

FORM ITA-466P  
(REV 3-95)

U.S. DEPARTMENT OF COMMERCE  
International Trade Administration

## MARKETING DATA FORM

1. Name of Exhibition

2. Name of Company

3. Address in U.S. (Street, City, State, Zip Code)

Once your exhibition participation has been established, the marketing data herein outlined is urgently needed together with product literature, photos, etc., in order to facilitate timely production of exhibition brochures, directories, personal prospects calls, etc., to bring the finest prospects to your booth. Submit in quadruplicate.

### PART I - MARKETING INFORMATION CONCERNING PARTICIPATING FIRM IN U.S. EXHIBITION

4. Person to contact concerning your participation in the U.S. Exhibition.

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEX NUMBER: \_\_\_\_\_

5. Name of Overseas Representative responsible for marketing firm's products in Exhibition country.

NAME OF COMPANY: \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEX NUMBER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICIAL TO CONTACT: \_\_\_\_\_

6. Names and titles of all company representatives who will attend the Exhibition.

U.S. \_\_\_\_\_ OVERSEAS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Products to be promoted at this Exhibition. (List them as you wish them to appear in the Exhibition catalog and other promotional literature. This should include descriptive language and a mention of significant features-not just model numbers and names.)

This report is authorized by law (15 U.S.C. 1512 et seq., 15 U.S.C. 171 et seq.). While you are not required to respond, your cooperation is needed to enable us to assist you in achieving your business objectives.

PUBLIC REPORTING FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO BE 30 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. ALL RESPONSES TO THIS COLLECTION OF INFORMATION ARE VOLUNTARY, AND WILL BE PROVIDED CONFIDENTIALLY TO THE EXTENT ALLOWED UNDER THE FREEDOM OF INFORMATION ACT NOTWITHSTANDING ANY OTHER PROVISION OF LAW. NO PERSON IS REQUIRED TO RESPOND TO NOR SHALL A PERSON BE SUBJECT TO A PENALTY FOR FAILURE TO COMPLY WITH A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT UNLESS THAT COLLECTION OF INFORMATION DISPLAYS A CURRENT VALID OMB CONTROL NUMBER. SEND COMMENTS REGARDING THE BURDEN ESTIMATE OR ANY ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO THE REPORTS CLEARANCE OFFICER, INTERNATIONAL TRADE ADMINISTRATION, DEPARTMENT OF COMMERCE, ROOM 4001, 14TH STREET AND CONSTITUTION AVENUE, N.W. WASHINGTON, D.C. 20230

Item 7 (continued)

(If additional space required, use separate sheet)

8. Company background (When founded, position in industry, size, etc.) [25 words or less]

9. List the most **important end-users** for the product and/or services your company will promote at the exhibition.  
(Rank in order of importance)

10. To assist identifying and promoting attendance at your exhibit of the right people from the above listed end-user industries, indicate job titles of personnel who exercise influence on purchase of products to be exhibited (e.g., Presidents of Firms, Consultants, Engineers, Scientist, Educators, Foremen, Quality Control Engineers, Draftsmen, Production Managers, Purchasing Agents, Foreign Trade Organization Representatives, Ministry Officials, etc.)

11. Objective in Participating (Check only 3 of the 7 listed objectives, in order of importance 1, 2, 3.)

(1) (2) (3)

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| (1) Finding sales representative or distributor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Finding Licensee                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Finding joint venture partner               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Exposure to new business prospects          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Product testing/Market research             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Immediate sales                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Other (Specify) _____                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## PART II - REQUEST FOR ASSISTANCE IN SECURING FOREIGN REPRESENTATION

(Complete ONLY if you are seeking an agent, distributor, licensee, etc.)

1. Type of business relationship desired:

☐ AGENT

☐ DISTRIBUTOR

☐ LICENSEE

☐ JOINT VENTURE

☐ OTHER

2. (a) Are you seeking representation in the country of the Exhibition? ☐ YES ☐ NO

(b) Are you seeking representation in other countries in the marketing areas served by the Exhibition? ☐ YES ☐ NO  
If "yes", please indicate below which countries. (A list of the countries comprising the Exhibition marketing area may be obtained from the Project Officer.)

3. If you are currently represented in any of the countries mentioned under Item 2 above, do your representatives know you are seeking new or additional representation?

☐ YES

☐ NO

4. Can your request for assistance in locating representation be openly published in all of the countries mentioned under Item 2 above?

☐ YES

☐ NO

If "no", please explain circumstances below.

5. Who are your principal U.S. and foreign competitors?

6. State below any specific or special requirements prospective representatives must meet with respect to physical facilities, technical capabilities, financial strength, staff representation of complementary product lines, or other factors.

(If additional space required, please use reverse side of this page)